								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									11966.13				
									1917	60	215	•	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
T	OTAL CLAIMS	3 · _.	İ	DD				RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA -			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		· 0			X\$ 9=		OR	X\$18=	258	
_	DEPENDENT C	-	6 minus 3 =		3			X43=		OR	X86=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	1028	
B	119/06					OTHER	THAN						
_	1 (vo v	(Column 1)	,	(Colum		(Column 3)	٠	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMĘNTA		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OF OR	RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	- 20		=		X\$ 9=			X\$18=		
AME	Independent	· (,	Minus	 6		=		X43=			X86= _		
	FIRST PRESE	INTATION OF M	ULTIPLE DE	LTIPLE DEPENDENT CLA				+145=		OR	+290=		
•		•	•		•		L	TOTAL			TOTAL		
		A	DDIT. FEE			ADDIT. FEE							
AMENDMENT B		(Column 1) CLAIMS REMAINING		HIGHE	ST ER USLY	(Column 3)	Г	RATE	ADDI- TIONAL FEE	1. 1	RATE	ADDI-	
		AFTER AMENDMENT		PAID F		PRESENT EXTRA						TIONAL	
	Total	• .	Minus	** .				X\$ 9=		OR	X\$18=		
¥	Independent				C) A194		Г	X43=	,	OR	X86= ·		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	•	OR	+290≈		
•								TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ODIT, FEE		JO., /	VDDIT. FEEL		
	`	CLAIMS		(Column 2) HIGHEST		(Column 3)	_	· · · · · ·			· .		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		-	Γ	X\$ 9=		OR	X\$18=		
A P	Independent	•	Minus	***		5	H	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H			OR			
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 								+145= TOTAL		OR	+290=		
#	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	·	
` T I	he "Highest Num	ber Previously Paid	For" (Total or	independent	ess than i) is the l	is, emer "3," . nighest number fo	ound	I in the app	propriate box	• •			